

Collecting Measurements, Visual Acuity, and Recording Patient History Competency

Rev 09-11

Student's Name:		Date:	
Evaluator's Name:		ABHES/CAAHEP Standard	10.b4.2 2.b.2 3.a.2 3.b.2 4.a.2 8.cc.2 8.dd.2 9.a.2 9.a.2 9.d.2 9.p.1
			I.A. I.1 IV.A.IV.2 IV.A.IV.4 IV.P.IV.1 IV.P.IV.3 IV.P.IV.8
Degree:	AAS <input type="checkbox"/>	Diploma <input type="checkbox"/>	Course Name / # : MA149 Patient Care Sciences I

Competency Objective:
To accurately obtain and record a patient's medical history. To accurately perform a visual screening test for visual acuity using the Snellen eye chart. To accurately perform and record a patient's height and weight. Student measurements must match instructor measurements as follows: height must be within 1/2 inch, weight must be within 1/2 pound.
Equipment/Conditions:
Medical history form, pen, exam gown and drape. Snellen eye chart, occluder, pen, patient record, alcohol wipes/cotton ball. Balance scale and bar to measure height, paper towel, pen, and patient's chart
Competency completed in fifteen (15) minutes or less.
Accuracy Standards:
All performance mechanics must be completed accurately and professionally to pass the competency. Should the assessment render a non-proficient on any step, or if the student neglects to complete a step, the competency is not passed and will need to be attempted again. Students will receive three attempts to pass the competency. The second attempt will be scaled by 0.89, the third by 0.79.

Score	#	Performance Mechanics
	1.	Wash hands. Assemble equipment and supplies.
	2.	Greet patient, introduce yourself and confirm patient identity. Explain what the interview process will consist of and why it is important.
	3.	Review the <u>PATIENT INTAKE FORM</u> with the patient. Ask patient to verify the reason for their clinic visit /chief complaint (CC)
	4.	Based on the patient's CC ask appropriate open-ended "What, When, and Where" questions.
	5.	Review and complete the <u>HEALTH HISTORY/ INTAKE FORM</u> with the patient. Ask appropriate open-, and closed-ended questions to obtain accurate information from patient.
		Measuring Weight and Height
	6.	Explain the procedures for measuring weight and height.
	7.	Prepare patient and scale to measure patient's weight.
	8.	Measure patient's weight.
	9.	Prepare patient and scale to measure patient's height.
	10.	Measure patient's height.
	11.	Read and document patient's weight and height measurements. Disinfect the scale. Wash or sanitize hands. Return with patient to the exam room or proceed with visual acuity screening.
		Visual Acuity Screening using Snellen Eye Chart
	12.	Explain the procedures for checking visual acuity and ask if the patient is wearing contact lenses or has glasses for distance vision.

	13.	Determine patient's ability to recognize letters.
	14.	Instruct the patient to stand 20 feet from the chart.
	15.	Bilateral vision screening: using a pointer instruct the patient to read the lines identified with both eyes (neither eye occluded). Note any unusual symptoms such as squinting or blinking excessively.
	16.	Right-eye vision screening: Instruct the patient to cover the left eye with the occluder and using a pointer, instruct the patient to read the lines identified. Record the ratio of numbers read without error. Note any unusual symptoms such as squinting or blinking excessively.
	17.	Left-eye vision screening: Instruct the patient to cover the right eye with the occluder and using a pointer, instruct the patient to read the lines identified. Record the ratio of numbers read without error. Note any unusual symptoms such as squinting or blinking excessively.
	18.	Clean the occluder with alcohol and put supplies away.
	19.	Thank patient. Return with patient to the exam room if indicated by instructor. Wash or sanitize hands.
	20.	Document weight and height measurements, and visual acuity results accurately in patient's record.
	21.	Throughout competency, speak professionally and adhere to HIPAA guidelines.
	22.	Laboratory dress code and professionalism policy followed throughout competency.
	23.	Start time _____ End time: _____ Task completed within 15 minutes
Total Score	_____ 23 _____ % (Total Score ÷ # of Criteria) = Mechanics Refer to Table for Percent	

	Initial Score	Multiply by	Final Score
First Attempt		1.0	
Second Attempt		.89	
Third Attempt		.79	

4.0 = 100%	3.3 = 86%	2.6 = 76%	1.9 = 69%	1.2 = 62%
3.9 = 98%	3.2 = 84%	2.5 = 75%	1.8 = 68%	1.1 = 61%
3.8 = 96%	3.1 = 82%	2.4 = 74%	1.7 = 67%	1.0 = 60%
3.7 = 94%	3.0 = 80%	2.3 = 73%	1.6 = 66%	0.9 = 59%
3.6 = 92%	2.9 = 79%	2.2 = 72%	1.5 = 65%	0.8 = 58%
3.5 = 90%	2.8 = 78%	2.1 = 71%	1.4 = 64%	0.7 = 57%
3.4 = 88%	2.7 = 77%	2.0 = 70%	1.3 = 63%	

Assessment Key	
4	Demonstrates excellent performance with regards to proficiency, safety, professionalism and consistency. No reminders and/or cueing are necessary. Performance is above the level necessary for employment.
3	Performance meets expectations for proficiency, safety, professionalism and consistency. Demonstrates some hesitancy but no reminders and/or cueing are necessary. Performance is at the level necessary for employment.
2	Performance requires guidance to reach expectations for proficiency, safety, professionalism and consistency. 1-2 reminders and/or cues are necessary for non-critical aspects of competency criteria. Performance meets expectations for employment with some guidance.
0	Unacceptable performance is displayed regarding proficiency, safety, professionalism or consistency. Student needs further practice to perform skill at professional level or student was not present for evaluation.

Comments:	
Instructor Signature:	
Student Signature:	

HOW TO PERFORM THIS COMPETENCY

1. Students will work in pairs and be identified as playing the role of MA or Patient in these instructions.
2. Prior to the start of the competency each student will fill out a PATIENT INTAKE FORM.
3. Using the information found on the Patient's completed PATIENT INTAKE FORM the first student in the role of MA will review and complete the HEALTH HISTORY/INTAKE FORM with the Patient.
4. The MA will then measure and document the Patient's weight, height and visual acuity.
5. The Patient will be discharged (per instructor protocol) and the students will reverse roles.
6. All steps of the competency will be repeated by the second student in the role of MA.

PATIENT INTAKE FORM
CONFIDENTIAL

PATIENT NAME: _____ DOB: _____

REASON FOR TODAY'S VISIT: _____

Please check if any relative (parents, siblings, grandparents, children) have had any of the conditions listed below:

High blood pressure: _____	Kidney Disease: _____	Asthma: _____
Stroke: _____	Bleeding Tendencies: _____	Tuberculosis: _____
Cancer: _____	Seizures: _____	Colitis: _____
Emphysema: _____	Heart Disease: _____	Anemia: _____
Ulcers: _____	Sugar Diabetes: _____	Gout: _____
Mental Illness: _____	Other Serious Illness/Injury: _____	

Have you had or been diagnosed with any of the following illnesses: (Circle all that apply)

- | | | |
|-----------------------------|-------------------------|-------------------------|
| Measles | Diabetes | Typhoid |
| Rubella (German measles) | Goiter, Thyroid Disease | Malaria |
| Chickenpox | Hives | Other Tropical Diseases |
| Mumps | Allergies | Hepatitis |
| Whooping Cough | Eczema | Venereal Disease |
| Scarlet Fever | Mono | Seizures |
| Tonsillitis | Rheumatic Fever | Meningitis |
| Diphtheria | Poliomyelitis | Ear Infections |
| Asthma | Pleurisy | Heart Murmur |
| Glaucoma | Bronchitis | High Blood Pressure |
| Cancer | Influenza | Low Blood Pressure |
| Angina Pectoris | Tuberculosis | Heart Attack |
| Ulcer | Phlebitis | Kidney Stones |
| Bladder or Kidney Infection | | |

Please provide dates and results of the following (if known):

X-ray/MRI/CT: _____

EKG: _____ EEG: _____

Pap smear: _____ Breast or Prostate/Testicular Exam: _____

Colonoscopy or Sigmoidoscopy: _____

Tetanus vaccination: _____

Flu Shot: _____

Pneumonia vaccination: _____

Patient Signature (or person filling out form if patient is a minor)

Date

SUNNYVILLE CLINIC
123 Happy Drive
Ourtown, USA 59999

HEALTH HISTORY/INTAKE FORM

Date _____

Name (Last, First) _____ DOB _____

Chief Complaint: _____

ALLERGIES: _____

Current Medications (Name and dosage):

Medical Hx:

Surgical/Hospitalization Hx:

Social Hx:

Vaccination history & dates: _____

WOMEN

Date of LMP: _____

Pregnancies (Prima/Gravida): _____

Date of last Pap: _____ **Date of last Mammogram:** _____

Lipid profile: _____

MEN

Date of last Prostate Exam: _____

PSA: _____

Lipid profile: _____

Previous Primary Physician: _____

Address: _____

Office phone: _____

Fax: _____